## Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECO	)R
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Effective January 1, 2003

F21-008-01-US

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS		CON		,		ſ	RATE	FEE	) 	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			6 √ minus 20=		* 44		Ì	X\$ 9=	396	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = 1		* Ø			X42=	-0	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					/		Ì	+140=		OR	+280=	
* If the difference in column 1 is less than ze				ero, enter	"0" in c	olumn 2	L	TOTAL	771	OR	TOTAL	
CLAIMS AS AMENDED - PART II								1		•	OTHER	THAN
(Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus			=		X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		Ì	+140=		OR	+280=	
12043							L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE	<u> </u>		ADDII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		±		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=	<b> </b>	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		┇	440		011	000	
								+140= TOTAL		OR	+280≃ TOTAL	
										OR	ADDIT. FEE	
		(Column 1) CLAIMS	. •	(Colui		(Column 3)	1 _					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=		X42=			X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		╽┟			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously F nber Previously Pa					er fou	nd in the app	oropriate bo	x in co	lumn 1.	